State of Louisiana Louisiana Department of Health Office of Behavioral Health

TRANSFER

NAME OF PATIENT:	
ADDRESS OF PATIENT:	DATE OF BIRTH:
	,
The above named patient currently receiving treatment at	(FACILITY)
is hereby transferred to(FACILITY)	All necessary arrangements for care
and treatment have been made. The patient was admitted: (check one)	☐ Voluntarily ☐ On a non-contested status
	Emergency Certificate Date:
The appropriate documents are attached.	Judicial commitment
Signed DIRECTOR OF SENDING FACILITY	Date
(If patient is admitting voluntarily this se	oction must be completed)
I, declare that I ar	n aware of and agree with this transfer and intend to admit
myself voluntarily to	.
Patient Signature:	Date
Completion of the above certificate shall constitute legal authority to tran	sport the patient to the following facility:
(1)	or
(2) Alternate Facility:	
To be transported by F	delationship to patient
This document shall constitute valid authorization to detain and treat particles (Emergency and Judicial Commitments) and LA Re	
Signature of Director of Receiving Facility:	Date: